



The Rhode Island Justice Commission

Grant Reimbursement Request and Fiscal Report (SF-260-R)

Requesting Agency:				Vendor ID#:			
Address:				Federal Employer ID# (FEIN):			
Grant Program Period:		Current Reporting Period:		Grant Award #:			
From:		From:		State M/B#:			
To:		To:		Date Prepared:			

State Agency Use Only	RISAIL Acct. #	
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BUDGET SUMMARY

Projected Program Expenditures	Original Budget		Total Federal Previously Reimbursed	Total Previous Expenditures (Fed.+Match)	Current Reporting Period Expenditures		Total Federal Expenditures to Date	Total Match Expenditures to Date
	Federal Amount	Match Amount			Federal (RIJC)	Local (Match)		
A. Personnel								
B. Consult./Contracts								
C. Travel Expenses								
D. Supplies/Expenses								
E. Equipment								
F. Other Costs								
Totals								

Authorized Agent (Please Print)

Signature (Please Sign in Blue)

Payment Request Amount (Should equal current Federal Expenditures)	
\$	

RIJC/CBO Use Only	Final Payment	
	Partial Payment	

I, the above-signed, have reviewed this fiscal report and certify that the information contained herein is true and correct to the best of my knowledge. I hereby certify that this request for grant reimbursement is in full accordance with the approved project budget, as approved by the Rhode Island Justice Commission.

RIJC/CBO Use Only			
Grant Manager Approval		Executive Approval	
	<input type="checkbox"/> Progress reports are up to date <input type="checkbox"/> Fiscal Report is accurate <input type="checkbox"/> Expenditures detailed satisfactorily <input type="checkbox"/>		
			Routed to CBO:
Grant Program *Note:			
<input type="checkbox"/> Byrne	<input type="checkbox"/> VOCA	<input type="checkbox"/> RSAT	<input type="checkbox"/> JJDPA Formula
<input type="checkbox"/> LLEBG	<input type="checkbox"/> VAWA	<input type="checkbox"/> GTEAP	<input type="checkbox"/> JJDPA Other